



Fee Only

Attorney's Docket No.: 09712-116001 / Z-254

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Leslie L. Deck
Serial No. : 09/919,511
Filed : July 31, 2001
Title : FREQUENCY TRANSFORM PHASE SHIFTING INTERFEROMETRY

Art Unit : 2878
Examiner : Shun K. Lee

MAIL STOP AF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT IN REPLY TO FINAL ACTION OF JANUARY 8, 2004

Please amend the above-identified application as follows:

BEST AVAILABLE COPY

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

10-7-04

Date of Deposit

Signature

Cheryl A. Caron

CHERYL A. CARON

Typed or Printed Name of Person Signing Certificate

10/25/2004 CPARIS 00000009 061050 09919511

01 FC:1201

352.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

09/910511

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

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CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <u>34</u>	Minus ** <u>40</u>	=
Independent	* <u>5</u>	Minus *** <u>4</u>	= <u>1</u>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	<u>395.00</u>	OR	BASIC FEE	<u>790.00</u>
X\$ 9=		OR	X\$18=	
X\$44=		OR	X\$88=	
+150=		OR	+300=	
TOTAL		OR	TOTAL	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X\$44=		OR	X\$88=	<u>358</u>
+150=		OR	+300=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X\$44=		OR	X\$88=	
+150=		OR	+300=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X\$44=		OR	X\$88=	
+150=		OR	+300=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

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